



Appropriations Committee

OHA Budget Presentation

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OHA By the Numbers

- 17 FTE –
 - (3) Healthcare Advocate, General Counsel, Data Analyst/Outreach Coordinator – broad based
 - (8) Core OHA work
 - (1) DCF Voluntary Services, (3) DSS project, (1) Manager for DCF & DSS
 - (1) Commission on Health Equity—Admin purposes

Governor's Mid-term Adjustments

- No change to core positions
- Addition of one FTE to assist in DCF VS project
- \$3.2 million for State Innovation model to support work of Project Management Office (PMO)
 - Increased position count to 27
 - Addition to OE line for significant activities

OHA Performance

- RBA for our Core Work
 - Case volume – 5,683 consumers
 - 12,000 calls – an increase of 25% over last year
 - Savings total - \$9.6 million (increase of over \$3M)
 - Approx 250 legislative referrals
 - All hands on deck
 - Call volume in last three months of CY 2013 - 1649 case
 - People pulled from special projects for core work
 - Very high satisfaction rate (92% of consumers say they will refer friend or family) – all survey data trending positively

What's NOT in the Report Card

- Legislative activities - examples
 - PA 13-3 involvement – grievance/appeals & BH taskforce
 - All employers required to have OHA's poster in their workplaces
- AHCT Board
- Navigator and In-Person Assister Program Management
- Healthcare Cabinet
- SIM

OHA Performance

- RBA DCF Voluntary Services Project
 - With 1 FTE-
 - Increase in savings to overall \$3.3 million from \$497K
 - Increase in DCF savings to \$2.2 million from \$383K
 - Number of cases has doubled – education of consumers increased
 - High ROI
 - Educated DCF providers and Regional offices of need to use private coverage
 - High satisfaction rate
 - Used this info to inform work on improvement of access to MH/SU services
 - Proposed additional innovations (for DCF and OHA) – UR coordinator and MD for court ordered treatment

OHA Performance

- RBA DSS Project
 - OHA has identified and recovered a total of \$376,955
 - 57.6% of the claims received were coded as Date of Service Not Eligible. Classification has found to be inaccurate for some claims,
 - OHA requested EOBs that HMS receives from carriers and has recently received samples for review. EOBs enhanced OHAs ability to confirm the claim data, as well as identify those claims where subrogation should be pursued.
 - OHA project staff sought and received extensive training in the systems that DSS and its vendors utilize for claims management, enhancing our ability to independently research and bolster the claim data received.
 - Staff pulled for core work of office with AHCT rollout has affected savings.

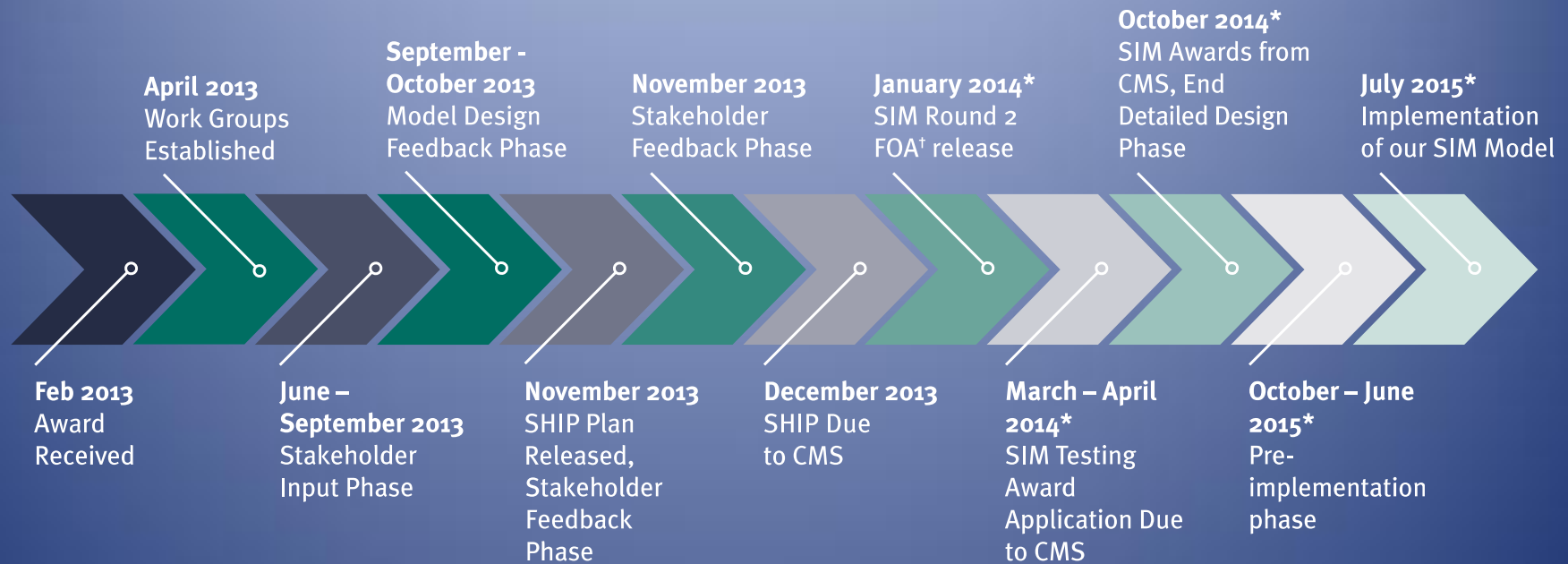
What We're Seeing Now

- High call volume
 - HUSKY calls
 - AHCT appeals and calls
 - OHA has an MOA to assist with appeals and education
 - Part of OHA core role – this is our commitment
- Volume – 1264 cases since 1/1
 - We are using all staff resources to handle volume
 - Despite pace – very HIGH satisfaction
 - Most common comment is gratitude for responsiveness and resolution.

What is the SIM?

- ✚ The State Innovation Model Initiative (SIM) is an initiative of the Center for Medicare and Medicaid Innovation (CMMI)
- ✚ CMMI was created under the ACA to improve quality and contain costs
- ✚ Design grants to Governors allows states to develop an “Innovation Plan” to improve health and healthcare
- ✚ Plan should align providers, consumers, employers, payers and state leaders around health care reforms
- ✚ Integration of behavioral health, oral health into primary care
- ✚ Plan should reach 80% of Connecticut’s citizens in 3-5 years
- ✚ Plan was completed in December 2013 – after months of activity with broad stakeholder engagement
- ✚ Now Connecticut will apply for \$40 to \$50 million dollars to help us implement and test our model

Initiative Timeline (anticipated)



* Estimated date

† Funding Opportunity Announcement

Goals for Health System Performance Improvement

The new care delivery model and enabling initiatives empower us to achieve our goals for health system performance, including:

- + Better health and the elimination of health disparities for all of our residents
- + Better healthcare by achieving superior quality of care and consumer experience
- + A lower rate of growth in healthcare costs to improve affordability

Model Overview – Achieving the “Triple Aim”



**1 PRIMARY CARE
TRANSFORMATION**

**2 COMMUNITY
HEALTH
IMPROVEMENT**

**3 CONSUMER
EMPOWERMENT**



CONNECTICUT HEALTHCARE INNOVATION PLAN



SUBMITTED
DECEMBER 30, 2013

Current Activities

- Establish SIM Project Management Office within OHA
- Prepare for test grant
- Begin physician survey with UConn/Yale to inform practice transformation strategy
- Undertake limited data analytics to inform test grant
- Continued work with broad-based steering committee & Consumer Advisory Board
- Coordination and alignment efforts across multiple stakeholders continues

Governance

- Establish workgroup size, composition, and membership
- Arrange for workgroup facilitation and subject matter expertise



SIM Funding Opportunity Announcement

- CMMI has not yet released the second round SIM FOA, though expected soon
- Anticipate 60 days or so to respond
- Response will require that we propose elements of our Innovation Plan to “test”
- Funding amount unknown...perhaps \$40 to \$60 million over 3 ½ years

Governor's Budget

- Includes resources necessary to advance the SIM initiative, with or without federal funding
- State commitment is critical to chances for federal funds and signals the seriousness of our reform efforts and viability of our reforms
- CT needs to invest to save up to \$1B a year in the next few years.
- \$3.2 million in OHA to fund staff and vendors to support activities

Governor's Budget

- \$65,000 in the Office of the State Comptroller for a health care analyst
- \$1.9 million in capital funding for health information technology
- Budget signals state's long-term commitment
- Strong cross-agency/entity collaboration – employers, providers, consumers, payers, state, etc
- Additional information on activities through today – healthreform.ct.gov

Governor's Budget

Activities to be funded – includes core staffing and critical key functions

project management	health improvement
quality measurement	employer engagement
performance transparency	evaluation
consumer & other stakeholder engagement	workforce development



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